



# COMPLAINT RECORD

PLEASE FILL IN COMPLETELY

License Number/License Name		Complainant Name	
Playing Address		Work Telephone Number (       )	Home Telephone Number (       )
City and ZIP Code	County	Address	
Date of Incident		City and ZIP Code	County

Details of Complaint: (Please include names of any workers or chairpeople involved)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I CERTIFY that I am at least 18 years of age, I have examined this statement and there is no misrepresentation or falsification in the information stated or attached. I FURTHER CERTIFY that I am aware that false or misleading statements will be cause for rejection or revocation of this investigation. I AM AWARE OF AND AGREE TO the condition of Act 382 of the Public Acts of 1972, as amended, and the rules and directives of the Michigan Bureau of State Lottery.

Signature	Date
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**RETURN TO:** CHARITABLE GAMING DIVISION, P.O. BOX 30023, LANSING, MI 48909



COMPLETION: Voluntary.

Authority: Act 382 of the Public Acts of 1972, as amended.

BSL-CG-1481(R5/04)